

**Medical Director Course**  
**July 28, 2006**  
**The Yarrow**  
1800 Park Avenue  
Park City, Utah

**Registration deadline: July 21, 2006**

**COURSE COST \$50.00**

Fill in all information and mail to:  
BEMS, Attn: Riki, PO Box 142004, Salt Lake City, Utah 84114-2004

Please read and sign before continuing

**All applications must be received with a hard copy agency purchase order or a check. Applications received without will be returned.**

**The BEMS refund policy is as follows: Participants canceling prior to July 21, 2006 will receive a full refund. Cancellation after July 21, 2006 or no shows will not be refunded. If participant registers with an agency purchase order and cancels after July 21, 2006 or no shows, the agency will be expected to pay the full amount.**

**I have read and fully understand the application process and refund policy**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**CHECK #** \_\_\_\_\_ **P O#** \_\_\_\_\_

**Participant Information**

NAME \_\_\_\_\_  
FIRST M I LAST

EMAIL ADDRESS SOCIAL SECURITY NUMBER TELEPHONE NUMBER

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**Agency Affiliation (list all agencies you are the Medical Director for)**

AGENCY 1 NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

AGENCY 2 NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_